FACIL	TY NAME AND PERMIT NUMBER: Form Approved 1/14/99 OMB Number 2040-0086	
BAS	IC APPLICATION INFORMATION	
	A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:	
All tre	atment works must complete questions A.1 through A.8 of this Basic Application Information packet.	
A.1.	Facility Information.	1
	Facility name Town of	n
	Mailing Address TOVALOR VA 33440	
	Contact person Chris Prutt	
	Treatment Pant Manager	
	Telephone number 787871-0305	W
	Facility Address 1448 Treatment Plant Rd., Targer, VA 234 (not P.O. Box)	
A.2.	Applicant Information. If the applicant is different from the above, provide the following:	
	Applicant name Town A target	
	Mailing Address P.O. BOX 3440	
	Contact person Renée Tyler RECEIVED - DEQ	
	Title Tour Marager MAY 0 6 2014	
	Telephone number 751-871-39-58 Tidewater Regional	
	Is the applicant the owner or operator (or both) of the treatment works?	
	Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.	
	facility applicant	
A.3.	Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).	
	NPDES <u>VA 0067423</u> PSD	11
	uic Other VA 40714 Air Brunow	1
	RCRA Other	
A.4.	Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population o each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).	
-	Name Population Served Type of Collection System Ownership TOWN J TOWN 480 TOTW TOWN J TOWNS LEVEL TOWN J TOWNS LEVEL TO TOWN J TOWNS LEVEL TOWN J TOWNS LEVEL TO TOWN J TOWNS LEVEL TO TOWN J TOWNS LEVEL TO TOWN J TOWNS LEVEL TOWN J TOWNS LEVEL TOWN J TOWN J TOWN J TOWNS LEVEL TOWN J	
	Total population served 480	,

FACILITY NAME AND PERMIT NUMBER:

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1	Dun 12 101 Mel 177000 1923			
A.5.	Indian Country			
	a. Is the treatment works located in Indian Country?			
	Yes No			
	b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upsthrough) Indian Country?	stream from (and	eventually flov	vs
	Yes No			
A.6.	Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data me period with the 12th month of "this year" occurring no more than three months prior to this application suffered by the control of the last three worths are control of the last three years.	lust be based on). Also provide a 12-month tim	the ne
	a. Design flow rateO '/ D mgd Two Years Ago Last Year	This Year		
	b. Annual average daily flow rate (). 138	0.00	17 mg	gd
	c. Maximum daily flow rate 0,05% 0.140		mg	gd
A.7.	Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all contribution (by miles) of each.	that apply. Also	estimate the pe	ercent
	Separate sanitary sewer	100	<u> </u>	
	Combined storm and sanitary sewer		%	
A.8.	Discharges and Other Disposal Methods.			
۸.۰.		Yes	No	
	a. Does the treatment works discharge effluent to waters of the U.S.?	165		
	If yes, list how many of each of the following types of discharge points the treatment works uses: i. Discharges of treated effluent		V	
	ii. Discharges of untreated or partially treated effluent	SANGETON TO		
	iii. Combined sewer overflow points			·····
	iv. Constructed emergency overflows (prior to the headworks)	***************************************		
	v. Other	***************************************		
	Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.?	Yes	✓ No)
	If yes, provide the following for each surface impoundment:			
	Location:			
	Annual average daily volume discharged to surface impoundment(s)		mgd	
	Is discharge continuous or intermittent?			
	c. Does the treatment works land-apply treated wastewater?	Yes	$\frac{}{Nc}$)
	If yes, provide the following for each land application site:			
	Location:			
	Number of acres:			
	Annual average daily volume applied to site: Mgd		_	
	Is land application continuous or intermittent?			
	d. Does the treatment works discharge or transport treated or untreated wastewater to another	Vs -	\sim	•
	treatment works?	Yes	No	ט

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Town of Tanger VA 0061423

If the second in his a post	wether the applicant provide:	
, .	y other than the applicant, provide:	
Transporter name:		
Mailing Address:		<u></u>
Contact person:		
Title:		
Telephone number:		
,		
For each treatment wo	orks that receives this discharge, provide the following:	
Name:		
Mailing Address:		
Contact person:		
Title:		
Telephone number:		
	NPDES permit number of the treatment works that receives this discharge.	
Provide the average d	aily flow rate from the treatment works into the receiving facility.	mgd
	orks discharge or dispose of its wastewater in a manner not included in 2000 (e.g., underground percolation, well injection)?	
If yes, provide the follo	owing for each disposal method:	
Description of method	(including location and size of site(s) if applicable):	

Annual daily volume d	isposed of by this method:	

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FACILITY NAME AND PERMIT NUMBER: TOWN A TOWNER VA 0067423

WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

a. C	cription of Outfall.				
		001			
b. L	Outfall number	UUI		_	2/11/0
	ocation	(City or town, if applicable)	angu	, <u>싱</u>	5940 C9da)
		(City or fown, if applicable)	HOOWALK	(Sta	
		Sh Deg. 36 MP	37-4521	778	direction 21-000
c. [Distance from shore (if	applicable)	1,060	ft.	
d. [Depth below surface (if	applicable)	<u>Ś</u>	ft.	
e. <i>F</i>	Average daily flow rate		<u>4S</u>	mgd	
	Does this outfall have e periodic discharge?	ither an intermittent or a	Yes		_ No (go to A.9.g.)
١	If yes, provide the follow	ving information:			
ı	Number of times per ye	ar discharge occurs:		•	
,	Average duration of eac	ch discharge:		<u> </u>	_
,	Average flow per discha	arge:			_ mgd
1	Months in which discha	rge occurs:			
g. I	Is outfall equipped with	a diffuser?	Yes		_ No
Des	cription of Receiving	Waters.			
		Chaca	made la Ra	10 -	
a.	Name of receiving water		of the contract of the contrac		
b.	Name of watershed (if I	known) (hossepeake	Bau	}
	United States Soil Cons	servation Service 14-digit wate	ershed code (if known):		
c.	Name of State Manage	ment/River Basin (if known):		····	
	United States Geologic	al Survey 8-digit hydrologic ca	taloging unit code (if known):	
		iving stream (if applicable): cfs	chronic	cfs	
	acute			mg/l of	

FACILITY NAM	AE AND P	ERMIT NUM	BER:	1/12W	41173				Approved 1/14/99 Number 2040-0086
1000	104	100/10	yw I	VAUG	1423				
A.11. Descript									
a. Wha	A CONTRACTOR OF THE PARTY OF TH		e provided?	Check all that			_		
		imary			ondary	1)	$\sqrt{}$		
•••		lvanced			er. Describe:		<u> </u>		
		lowing remov					a.		
Desi	gn BOD _s r	emoval <u>or</u> De	esign CBOD	removal		**********	70	%	
Desi	gn SS ren	noval				***************************************	94	%	
Desi	gn P remo	val						%	
Desi	gn N remo	oval						%	
Othe	r	4-4-4-4						%	
c. Wha	t type of d	isinfection is	used for the	e effluent from	this outfall? If disin	fection varies	s by season, pl	ease describe.	
		 	$ \cup$ $$ $$ $$ $$ $$ $$ $$ $$ $$ $$ $$ $$ $$						**************************************
If dis	infection i	s by chlorinat	ion, is dech	lorination used	d for this outfall?	-	Ye	s	No
d. Does	the treat	ment plant ha	ive post aer	ation?			_ Ye	s	No
Outfall no		_000) \\		at least three sai	mpies and if		RAGE DAILY VALI	one-half years apart. JE
				Value	Units	Valu	e	Units	Number of Samples
pH (Minimum)			17		s.u.	MART			3105
pH (Maximum)		***************************************	4	1.3	s.u.				365
Flow Rate			0	123					365
Temperature (\	Winter)		N	MALI					
Temperature (. 4 [] 4					
	please re	port a minimu		aximum daily \ IUM DAILY		DAILY DIS	CHADGE	ANALYTICAL	ML/MDL
100 100 100	LUIANI		DISC	HARGE	AVERAGE	DAIL! DIG	T	METHOD	MC/MDE
	1994 TV		Conc.	Units	Conc.	Units	Number of Samples		
CONVENTION	AL AND N	ONCONVEN	ITIONAL C	OMPOUNDS.		<u> </u>			
BIOCHEMICAL (OXYGEN	BOD-5	6	mall	6		52		
DEMAND (Repo	rt one)	CBOD-5		1			52	***************************************	***************************************
FECAL COLIFO	RM		40		1<2	ļ	152		
TOTAL SUSPEN	IDED SOL	IDS (TSS)			1 4		15d		
REFER T	O THE	APPLIC	CATION	OVERVI	ND OF PAR EW TO DET U MUST CO	ERMINE		OTHER PAF	RTS OF FORM

Form Approved 1/14/99 **FACILITY NAME AND PERMIT NUMBER:** OMB Number 2040-0086 ranguer VAXXI423 ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR PART B. EQUAL TO 0.1 MGD (100,000 gallons per day). All applicants with a design flow rate > 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification). Inflow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration. have none unless me have torrential rains a extreme fides. Briefly explain any steps underway or planned to minimize inflow and infiltration. B.2. Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.) a. The area surrounding the treatment plant, including albunit processes. b. The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable. Each well where wastewater from the treatment plant is injected underground. Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant. Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed. If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed. J B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g., chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram. B.4. Operation/Maintenance Performed by Contractor(s). Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary). Name: Mailing Address: Telephone Number: Responsibilities of Contractor: B.5. Scheduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.) List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

Form Approved 1/14/99 **FACILITY NAME AND PERMIT NUMBER:** OMB Number 2040-0086 mnia VA 0067423 If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable). Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible. Actual Completion Schedule MM / DD / YYYY MM / DOL/ Implementation Stage - Begin construction _/ ___/ ___ - End construction - Begin discharge - Attain operational level Have appropriate permits/clearances concerning other Federal/State requirements been obtained? Yes No Describe briefly: B.6. EFFLUENT TESTING DATA (GREATER THAN O.1 MGD ONLY). Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QVQC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not address adoby 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old. Outfall Number: AVERAGE DAILY DISCHARGE MAXIMUM DAILY POLLUTANT DISCHARG ML/MDL **ANALYTICAL** Conc. Units Number of Conc. Units Samples METHOD CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS. AMMONIA (as N) CHLORINE (TOTAL RESIDUAL, TRC) **DISSOLVED OXYGEN** TOTAL KJELDAHL NITROGEN (TKN) NITRATE PLUS NITRITE **NITROGEN** OIL and GREASE PHOSPHORUS (Total) TOTAL DISSOLVED SOLIDS (TDS) OTHER END OF PART B. REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

Form Approved 1/14/99 FACILITY NAME AND PERMIT NUMBER: OMB Number 2040-0086 PART C. CERTIFICATION All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted. Indicate which parts of Form 2A you have completed and are submitting: Basic Application Information packet Supplemental Application Information packet: Part D (Expanded Effluent Testing Data) Part E (Toxicity Testing: Biomonitoring Data) Part F (Industrial User Discharges and RCRA/CERCLA Wastes) Part G (Combined Sewer Systems) ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. Name and official title Signature Telephone number Date signed Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

FACILITY NAME AND PERMIT NUMBER:	
Town of Tanguer	ECITE VARAVI
I 10001 1 2 MINING	VIIUUMQO

SUPPLEMENTAL APPLICATION INFORMATION

PART D. EXPANDED EFFLUENT TESTING DATA

Refer to the directions on the cover page to determine whether this section applies to the treatment works.

Effluent Testing: 1.0 mgd and Pretreatment Treatment Works. If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall number:	(Coi	nplete o	nce for e	each out					of the Unite	d States.)	
POLLUTANT	1		IM DAIL HARGE	Y	College College		DAILY				
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ARSENIC									·		
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Outfall number:		omplete once for each outfall discharging effluent to waters of the United States.) MAXIMUM DAILY AVERAGE DAILY DISCHARGE											
POLLUTANT		DISCH	HARGE										
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples	ANALYTICAL METHOD	ML/ MDL		
OLATILE ORGANIC COMPOUNDS). 		· · · · · · · · · · · · · · · · · · ·	·		,			Y	·	T		
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METHYLENE CHLORIDE		100 000 000					1.0	190 mm () mm (
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FACILITY NAME AND PERMIT NUMBER:

Outfall number:	(Compl	ete onc	e for eac	h outfall	dischard	ing efflu	ent to w	aters of	the United S	States.)	
POLLUTANT											
	Conc.	DISCH Units	Mass	Units	Conc.	Units	Mass	Units	Number of	ANALYTICAL METHOD	ML/ MDL
					-				Samples		
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TRICHLORETHYLENE				W	1						
VINYL CHLORIDE											
Use this space (or a separate sheet) to	provide in	formatio	n on other	volatile o	rganic cor	npounds	requeste	d by the p	permit writer.		I
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FACILITY NAME AND PERMIT NUMBER:

					discharg	ging efflu	ent to w	aters of	the United S	States.)	
POLLUTANT	٨		IM DAIL` IARGE	γ	A\	/ERAGE	DAILY				
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples	ANALYTICAL METHOD	ML/ MDL
3,4 BENZO-FLUORANTHENE											
BENZO(GHI)PERYLENE											
BENZO(K)FLUORANTHENE											
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FACILITY NAME AND PERMIT NUMBER:

Outfall number: POLLUTANT			M DAIL	ch outfall Y			DAILY		T		
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FLUORANTHENE	net our overcom imposite born										
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1,2,4-TRICHLOROBENZENE		Application of the second	to the second se				application of any materials	Very control of the second of		-	
Use this space (or a separate sheet)	to provide	information	on other	er base-ne	eutral com	pounds r	equested	by the pe	ermit writer.		
Use this space (or a separate sheet)	to provide	information	on othe	er pollutar	its (e.g., p	esticides)	requeste	d by the	permit writer.	}	
		1						Ì			

Form Approved 1/14/99 OMB Number 2040-0086

FACILITY NAME AND PERMIT NUMBER:
TOWN OF TOWN VADOG 1423

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity
 test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results
 of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summethed are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

complete.			
E.1. Required Tests.			
Indicate the number of whole effluent	toxicity tests conducted in the past	four and one-half years.	
chronicacute			
E.2. Individual Test Data. Complete the	following chart for each whole efflue constitutes a test). Copy this page	ent toxicity test conducted in the last for if more than three tests are being repo	ur and one-half years. Allow one orted.
Column per test (Whore each expesses	Test number:	Test number:	Test number:
a. Test information.			your
Test species & test method number			
Age at initiation of test	W		
Outfall number			
Dates sample collected			
Date test started			
Duration			
b. Give toxicity test methods followe	ed.		
Manual title			
Edition number and year of publication			
Page number(s)			
c. Give the sample collection metho	od(s) used. For multiple grab sample	es, indicate the number of grab sample	es used.
24-Hour composite			
Grab			
d. Indicate where the sample was to	aken in relation to disinfection. (Che	ck all that apply for each)	
Before disinfection	9 1		
After disinfection			
After dechlorination			

Form Approved 1/14/99 FACILITY NAME AND PERMIT NUMBER: OMB Number 2040-0086 Test number: Test number:__ Test number e. Describe the point in the treatment process at which the sample was collected. Sample was collected: f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both. Chronic toxicity Acute toxicity g. Provide the type of test performed. Static Static-renewal Flow-through h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source. Laboratory water Receiving water i. Type of dilution water. It salt water, specify "natural" or type of artificial sea salts or brine used. Fresh water Salt water j. Give the percentage effluent used for all concentrations in the test series. k. Parameters measured during the test. (State whether parameter meets test method specifications) pΗ Salinity Temperature Ammonia Dissolved oxygen I. Test Results. Acute: % % Percent survival in 100% effluent LC_{50} % % % 95% C.I. % % % Control percent survival

Other (describe)

FACILITY NAME AND PERMIT NUMBER:			Form Approved 1/14/99 OMB Number 2040-0086		
Chronic:					
NOEC	%	%	%		
IC ₂₅	%	%	%		
Control percent survival	%	%	%		
Other (describe)					
m. Quality Control/Quality Assurance	е.				
Is reference toxicant data available?					
Was reference toxicant test within acceptable bounds?					
What date was reference toxicant test run (MM/DD/YYYY)?			í.		
Other (describe)					
E.4. Summary of Submitted Biomonitor cause of toxicity, within the past four	describe:		ion, or information regarding the permitting authority and a		
summary of the results. Date submitted: (MM/DD/YYYY)					
Summary of results: (see instructions)					
REFER TO THE APPLICAT	END OF P.		ER PARTS OF FORM		

2A YOU MUST COMPLETE.

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FACILITY NAME AND PERMIT NUMBER:	Form Approved 1/14/99 OMB Number 2040-0086
SUPPLEMENTAL APPLICATION INFORMATION	
PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CER All treatment works receiving discharges from significant industrial users or v complete Part F.	
GENERAL INFORMATION:	
F.1. Pretreatment Program. Does the treatment works have, or is it subject to, as	n approved pretreatment program?
YesNo	
F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial of industrial users that discharge to the treatment works.	Users (CIUs). Provide the number of each of the following types
a. Number of non-categorical SIUs.	
b. Number of CIUs.	
SIGNIFICANT INDUSTRIAL USER INFORMATION:	tera kang kanggan dalah salah sa
Supply the following information for each SIU. If more than one SIU discharg and provide the information requested for each SIU.	es to the treatment works, copy questions F.3 through F.8
F.3. Significant Industrial User Information. Provide the name and address of pages as necessary.	each SIU discharging to the treatment works. Submit additional
Name:	
Mailing Address:	
Walling Address:	
F.4. Industrial Processes. Describe all of the industrial processes that affect or	contribute to the SIU's discharge.
F.5. Principal Product(s) and Raw Material(s). Describe all of the principal productness.	cesses and raw materials that affect or contribute to the SIU's
Principal product(s):	
Raw material(s):	
F.6. Flow Rate.	
a. Process wastewater flow rate. Indicate the average daily volume of proper day (gpd) and whether the discharge is continuous or intermittent.	ess wastewater discharged into the collection system in gallons
gpd (continuous orintermittent)	
 Non-process wastewater flow rate. Indicate the average daily volume of system in gallons per day (gpd) and whether the discharge is continuous 	non-process wastewater flow discharged into the collection or intermittent.
gpd (continuous orintermittent)	
F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following	ng:
a. Local limitsYesNo	
b. Categorical pretreatment standardsYesNo	
If subject to categorical pretreatment standards, which category and subcate	egory?

Form Approved 1/14/99 FACILITY NAME AND PERMIT NUMBER: OMB Number 2040-0086 F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years? ___Yes___No If yes, describe each episode. RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE: F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ____Yes ___No (go to F.12.) F.10. Waste Transport. Method by which RCRA waste is received (check all that apply): Dedicated Pipe Rail F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units). Units EPA Hazardous Waste Number **Amount** CERCLA (SUPERFUND) WASTEWATER, RCRA RÉMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER: F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities? Yes (complete F.13 through F.15th ____No Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site. F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years). F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary). F.15. Waste Treatment. a. Is this waste treated (or will it be treated) prior to entering the treatment works? __Yes ___No If yes, describe the treatment (provide information about the removal efficiency): b. Is the discharge (or will the discharge be) continuous or intermittent? If intermittent, describe discharge schedule. Intermittent Continuous END OF PART F. REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM

2A YOU MUST COMPLETE

Form Approved 1/14/99 **FACILITY NAME AND PERMIT NUMBER:** OMB Number 2040-0086 VA 0067423 SUPPLEMENTAL APPLICATION INFORMATION PART G. COMBINED SEWER SYSTEMS If the treatment works has a combined sewer system, complete Part G. G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information) a. All CSO discharge points. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters). c. Waters that support threatened and endangered species potentially affected by CSOs. G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information: a. Locations of major sewer trunk lines, both combined and separate sanitary. b. Locations of points where separate sanitary sewers feed into the combined sewer system. Locations of in-line and off-line storage structures d. Locations of flow-regulating devices. Locations of pump stations. **CSO OUTFALLS:** Complete questions G.3 through G.6 once for each CSO discharge point. G.3. Description of Outfall. a. Outfall number b. Location (Zip Code) (City or town, if applicable) (State) (County) (Longitude) (Latitude) ft. c. Distance from shore (if applicable) Depth below surface (if applicable) e. Which of the following were monitored during the last year for this CSO? _CSO pollutant concentrations CSO frequency Rainfall CSO flow volume Receiving water quality f. How many storm events were monitored during the last year? G.4. CSO Events. a. Give the number of CSO events in the last year. events (____ actual or ____ approx.) b. Give the average duration per CSO event.

actual or _

hours (

_approx.)

Form Approved 1/14/99 FACILITY NAME AND PERMIT NUMBER: VA 0067423 OMB Number 2040-0086 c. Give the average volume per CSO event. __ million gallons (____ actual or ___ ___ approx.) d. Give the minimum rainfall that caused a CSO event in the last year. _ inches of rainfall G.5. Description of Receiving Waters. a. Name of receiving water: _ b. Name of watershed/river/stream system:_ United States Soil Conservation Service 14-digit watershed code (if known): _ c. Name of State Management/River Basin: United States Geological Survey &-digit hydrologic cataloging unit code (if known): G.6. CSO Operations. Describe any known water quality implacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard). END OF PART G. REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM

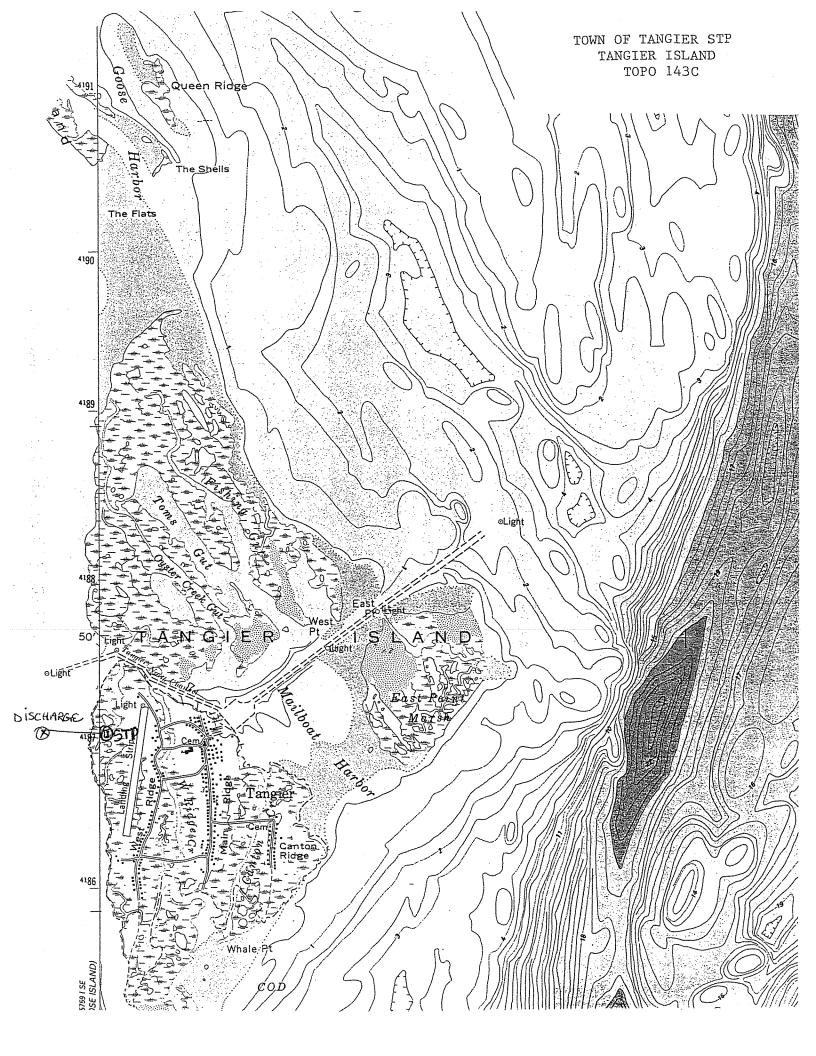
2A YOU MUST COMPLETE.

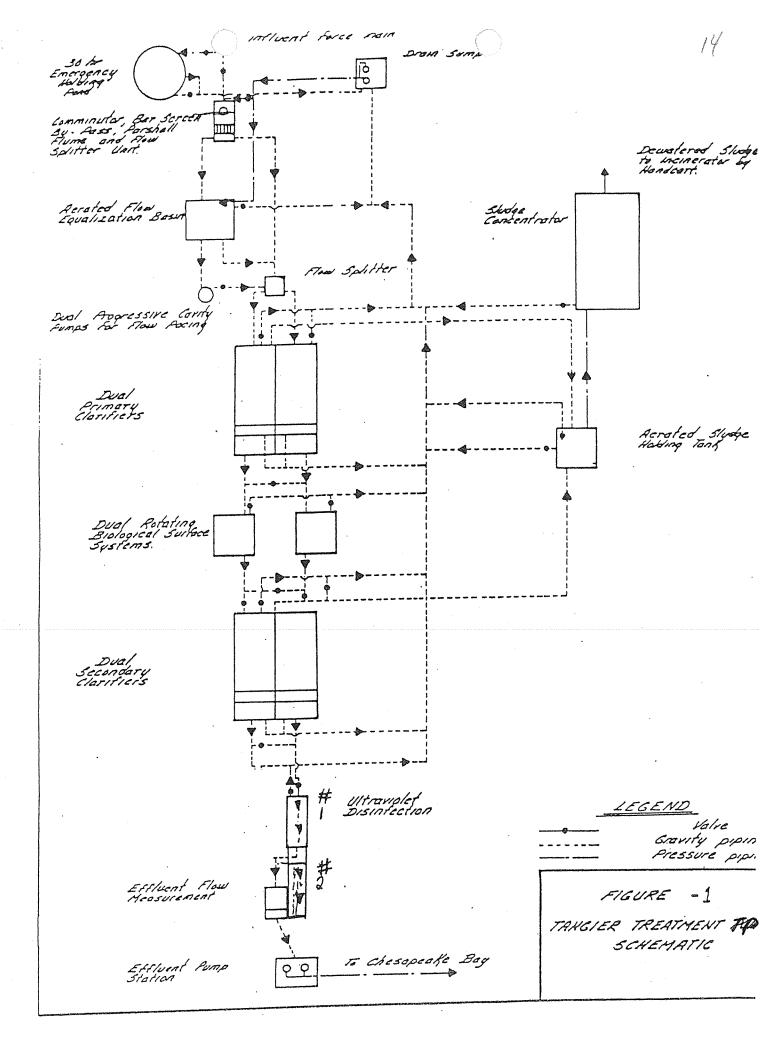
VPDES Permit Application Addendum

1. Entity to whom the permit is to be issued: Town of Town Tycathout Plant Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.
2. Is this facility located within city or town boundaries? Yes No 🗌
3. Provide the tax map parcel number for the land where the discharge is located.
4. For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities?
5. What is the design average effluent flow of this facility? O. O MGD For industrial facilities, provide the max. 30-day average production level, include units:
In addition to the design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? Yes No X If "Yes", please identify the other flow tiers (in MGD) or production levels:
Please consider the following questions for both the flow tiers and the production levels (if applicable): Do you plan to expand operations during the next five years? Is your facility's design flow considerably greater than your current flow?
6. Nature of operations generating wastewater:
% of flow from domestic connections/sources Number of private residences to be served by the treatment works: % of flow from non-domestic connections/sources 7. Mode of discharge: Continuous Intermittent Seasonal Describe frequency and duration of intermittent or seasonal discharges:
8. Identify the characteristics of the receiving stream at the point just above the facility's discharge point: Permanent stream, never dry Intermittent stream, usually flowing, sometimes dry Ephemeral stream, wet-weather flow, often dry Effluent-dependent stream, usually or always dry without effluent flow Lake or pond at or below the discharge point Other:
9. Approval Date(s): O & M Manual Sludge/Solids Management Plan
Have there been any changes in your operations or procedures since the above approval dates? Yes No Discourse for all new pump, new manager we have no study pump at this temp.

VPDES/VPA Permit Billing Information Form for Annual Maintenance Fee

Facility Name:	Tound tanger Treatment Plant
Permit Number:	VPDES VA 0067423
Person / Organization to be billed:	Tour of tangier
Billing Address:	P.O. BOX 244
	Tangier, VA 23440
Billing Contact Name:	Ronée Tyler
Title:	Town Manager
Phone Number:	757-891-2438
E-Mail Address:	taitouno Mucayahoo.com





SCREENING INFORMATION

This application is divided into sections. Sections A pertain to all applicants. The applicability of Sections B, C and D depend on your facility's sewage sludge use or disposal practices. The information provided on this page will help you determine which sections to fill out.

- 1. All applicants must complete Section A (General Information).
- 2. Will this facility generate sewage sludge? Yes No

Will this facility derive a material from sewage sludge? __Yes __No

If you answered Yes to either, complete Section B (Generation Of Sewage Sludge Or Preparation Of A Material Derived From Sewage Sludge).

3. Will this facility apply sewage sludge to the land? _Yes _No

Will sewage sludge from this facility be applied to the land? _Yes _No

If you answered No to both questions above, skip Section C.

If you answered Yes to either, answer the following three questions:

- a. Will the sewage sludge from this facility meet the ceiling concentrations, pollutant concentrations, Class A pathogen reduction requirements and one of the vector attraction reduction requirements 1-8, as identified in the instructions?

 Yes No
- b. Will sewage sludge from this facility be placed in a bag or other container for sale or give-away for application to the land? __Yes \(\frac{1}{N}\) No
- c. Will sewage sludge from this facility be sent to another facility for treatment or blending? _Yes _No

If you answered No to all three, complete Section C (Land Application Of Bulk Sewage Sludge).

If you answered Yes to a, b or c, skip Section C.

4. Do you own or operate a surface disposal site? _Yes _No

If Yes, complete Section D (Surface Disposal).

FACILITY NAME: TOY YOU TVENTULT PLANT

VPDES PERMIT NUMBER: VA 0067423

SECTION A. GENERAL INFORMATION

All app	licants n	nust complete this section.
1.	Engilit	y Information. Facility name: Tarrie Treatment Plant Contact person: Chris Fruitt Title: Manager Phone: 757 811-2303 Mailing address: P.O. Box: Alarge of P.O. Box: Al
1.	a.	Facility name: Tanker TVeatment run
	b.	Contact person: C Wis Pruth
		Title: Plant manage
		Phone: 757 891-2303
	c.	Mailing address: V.O. BOX
		Street or P.O. Box: Alacci ()
		City or Town: Zip: Zip: Zip: Zip: Zip: Zip: Zip: Zip
	d.	Street or P.O. Box: Orche State: VA Zip: 23440 City or Town: Tyys TV Calment West Word
		Street of Route #
		County: ACCOUNTY: 23440
		County: Acceptate State: X Zip: 23440 Is this facility a Class I sludge management facility? Yes _No
	e.	Is this facility a Class I sludge management facility? Yes _No Facility design flow rate: mgd _dm'+ Know until we not
	f.	Facility design flow rate:mgd dm'4 pnow work we be total population served: 475mgd vess.
	g. h.	Total population served: 475 Indicate the type of facility:
	11.	Publicly owned treatment works (POTW)
		Privately owned treatment works
		Federally owned treatment works
		Blending or treatment operation
		_ Surface disposal site
		Lother (describe): Muri Cipal Oct Car
2	A 1.* .	The formation of the sample and in different from the above provide the following:
2.		cant Information. If the applicant is different from the above, provide the following:
	a. b.	Applicant name: Mailing address:
	υ,	Street or P.O. Box:
		City or Town: State: Zip:
	c.	Contact person:
		Title:
		Phone: ()
	d.	Is the applicant the owner or operator (or both) of this facility?
		owneroperator
	e.	Should correspondence regarding this permit be directed to the facility or the applicant? (Check one)
		facility applicant
3.	Permi	Information.
٥.	a.	Information. Facility's VPDES permit number (if applicable): VA 0067423 List on this form or an attachment all other federal state or local permits or construction approvals received or
	b.	List on this form of an attachment, an other rederar, state of rocal permits of construction approvals received of
		applied for that regulate this facility's sewage sludge management practices:
		Permit Number: Type of Permit: VANO. 5000 4 VDH
		VOTNO SCOUT VDH
4	T al :	Country. Does any generation, treatment, storage, application to land or disposal of sewage sludge from this
4.	facilit	y occur in Indian Country? Yes No If yes, describe:
	iaciiil	y doom in middle oddiny toto, doomo.

FACILITY NAME: Very New West West Ward Very New York Service a topographic map or maps (or other appropriate maps if a topographic map is unavailable)

- 5. Topographic Map. Provide a topographic map or maps (or other appropriate maps if a topographic map is unavailable) that shows the following information. Maps should include the area one mile beyond all property boundaries of the facility:
 - a. Location of all sewage sludge management facilities, including locations where sewage sludge is generated, stored, treated, or disposed.
 - b. Location of all wells, springs, and other surface water bodies listed in public records or otherwise known to the applicant within 1/4 mile of the property boundaries.
- 6. Line Drawing. Provide a line drawing and/or a narrative description that identifies all sewage sludge processes that will be employed during the term of the permit including all processes used for collecting, dewatering, storing, or treating sewage sludge, the destination(s) of all liquids and solids leaving each unit, and all methods used for pathogen reduction and vector attraction reduction.

7.	Contractor Information. Are any operational or maintenance aspects of this facility rela generation, treatment, use or disposal the responsibility of a contractor? YesNo	ted to sewage sludge
	If yes, provide the following for each contractor (attach additional pages if necessary). Name:	NIA
	Mailing address:	10111
	Street or P.O. Box: Cristietd State: Mb Zip. 21617	
	Phone: (16)	aludaa.

Contractor's Federal, State or Local Permit Number(s) applicable to this facility's sewage sludge:

If the contractor is responsible for the use and/or disposal of the sewage sludge, provide a description of the service to be provided to the applicant and the respective obligations of the applicant and the contractor(s).

8. Pollutant Concentrations. Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants which limits in sewage sludge have been established in 9 VAC 25-31-10 et seq. for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than four and one-half years old.

		0//	004 101- 1 111	
POLLUTANT	CONCENTRATION (mg/kg dry weight)	SAMPLE DATE	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
Arsenic				
Cadmium				
Chromium				
Copper				
Lead				
Mercury				
Molybdenum				
Nickel				
Selenium				
Zinc		and the same of th		

9.	Certification. Read and submit the following certification statement with this application. Refer to the instructions to determine who is an officer for purposes of this certification. Indicate which parts of the application you have completed and are submitting:				
	Section A (General Information) Section B (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)				
	Section C (Land Application of Bulk Sewage Sludge)				
	Section D (Surface Disposal)				

FACILITY NAME: Tongin Weatment	Plant		VPDES PERMIT	NUMBER:_	VA
		_			- •

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title Renel Tyler Town Manager
Signature Rongo Sefer Date Signed 6-9-14

Upon request of the department, you must submit any other information necessary to assess sewage sludge use or disposal practices at your facility or identify appropriate permitting requirements.

FACILITY NAME: TVentual Y/and VPDES PERMIT NUMBER: VA DU6 7 43 SECTION B. GENERATION OF SEWAGE SLUDGE OR PREPARATION OF A MATERIAL DERIVED FROM SEWAGE SLUDGE

Complete this section if your facility	generates sewage sludge of	r derives a material from sewage sludge
--	----------------------------	---

1.	Amount Total dr	t Generated On Site. NIA Working M Price. y metric tons per 365-day period generated at your facility: dry metric tons
2.	disposa sewage a.	Received from Off Site. If your facility receives sewage sludge from another facility for treatment, use or I, provide the following information for each facility from which sewage sludge is received. If you receive sludge from more than one facility, attach additional pages as necessary. Facility name:
	b.	Facility name: Contact Person: Title: Phone () Mailing address: Sludge from more than one facility, attach additional pages as necessary. RECEIVED - D JUN 1 1 2014
	c.	Street or P.O. Box: City or Town: State: Zip: Tidewater Region Office
	d.	(not P.O. Box)
	e. f.	Total dry metric tons per 365-day period received from this facility: dry metric tons Describe, on this form or on another sheet of paper, any treatment processes known to occur at the off-site facility, including blending activities and treatment to reduce pathogens or vector attraction characteristics:
3.	a.	ent Provided at Your Facility. Which class of pathogen reduction is achieved for the sewage sludge at your facility? _Class AClass BNeither or unknown
	b.	Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge:
	c.	Which vector attraction reduction option is met for the sewage sludge at your facility? Option 1 (Minimum 38 percent reduction in volatile solids) Option 2 (Anaerobic process, with bench-scale demonstration) Option 3 (Aerobic process, with bench-scale demonstration) Option 4 (Specific oxygen uptake rate for aerobically digested sludge) Option 5 (Aerobic processes plus raised temperature)
		 Option 6 (Raise pH to 12 and retain at 11.5) Option 7 (75 percent solids with no unstabilized solids) Option 8 (90 percent solids with unstabilized solids)
	d.	None or unknown Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction properties of sewage sludge:
	e.	Describe, on this form or another sheet of paper, any other sewage sludge treatment activities, including blending, not identified in a - d above: N\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
4.	of Vect	ntion of Sewage Sludge Meeting Ceiling and Pollutant Concentrations, Class A Pathogen Requirements and One or Attraction Reduction Options 1-8 (EQ Sludge). Age sludge from your facility does not meet all of these criteria, skip Question 4.)
	a.	Total dry metric tons per 365-day period of sewage sludge subject to this section that is applied to the land: dry metric tons dry metric tons
	b.	Is sewage sludge subject to this section placed in bags or other containers for sale or give-away? Yes No
5.	(Compl	Give-Away in a Bag or Other Container for Application to the Land. ete this question if you place sewage sludge in a bag or other container for sale or give-away prior to land tion. Skip this question if sewage sludge is covered in Question 4.)
	a.	Total dry metric tons per 365-day period of sewage sludge placed in a bag or other container at your facility

FACILI	ITY NAMI	E: Jannes Treatment Mant for sale or give-away for application to the land:	VPDES PERMIT NUMBER: VA 00674	Lô
	b.	for sale or give-away for application to the land: Attach, with this application, a copy of all labels	dry metric tons or notices that accompany the sewage sludge being sold or	
		given away in a bag or other container for applica	tion to the land.	
6.	(Comple	estion does not apply to sewage sludge sent directly	is sent to another facility that provides treatment or blending. to a land application or surface disposal site. Skip this If you send sewage sludge to more than one facility, attach	
		if the sewage studge is covered in Questions 4 or 5 hal sheets as necessary.)	5 A	
	a.	Receiving facility name:	N/H	
	b.	Facility contact:	10 / 11	
		Title:		
		Phone: () Mailing address:		
	c.	Street or P.O. Box:		
gen i		City or Town: State:	Zip:	
•	d.	• • • • • • • • • • • • • • • • • • • •	e sludge provided to receiving facility: dry metric	
		tons List on this form or an attachment the receiving f	acility's VPDES permit number as well as the numbers of all	
	e.	other federal, state or local permits that regulate	he receiving facility's sewage sludge use or disposal	
		practices:		
		Permit Number: Typ	e of Permit:	
	f.		atment to reduce pathogens in sewage sludge from your	
		facility?YesNo Which class of pathogen reduction is achieved for	or the sawage studge at the receiving facility?	
		Class AClass B	Neither or unknown	
		Describe, on this form or another sheet of paper,	any treatment processes used at the receiving facility to	
		reduce pathogens in sewage sludge:		
	g.	Does the receiving facility provide additional tre	atment to reduce vector attraction characteristics of the	
	5.	sewage sludge?YesNo		
		Which vector attraction reduction option is met f		
		Option 1 (Minimum 38 percent reduction in vo		
		Option 3 (Aerobic process, with bench-scale		
		Option 4 (Specific oxygen uptake rate for aero	obically digested sludge)	
		Option 5 (Aerobic processes plus raised temp	erature)	
		Option 6 (Raise pH to 12 and retain at 11.5)	ad polido)	
		Option 7 (75 percent solids with no unstabilized Option 8 (90 percent solids with unstabilized	solids)	
		None unknown		
			any treatment processes used at the receiving facility to	
		reduce vector attraction properties of sewage slu	dge:	
	h.	Does the receiving facility provide any additiona	I treatment or blending not identified in f or g above?	
		Yes No		
		If yes, describe, on this form or another sheet of	paper, the treatment processes not identified in f or g above:	
	_		Control of the contro	
	i.	to comply with the "notice and necessary information and necessary inf	opy of any information you provide to the receiving facility tion" requirement of 9 VAC 25-31-530.G.	
	j	Does the receiving facility place sewage sludge f	rom your facility in a bag or other container for sale or give-	
		away for application to the land?YesNo	accompany the product being sold or given away.	
	k.	Will the sewage sludge be transported to the reco	e accompany the product being sold of given away. Siving facility in a truck-mounted watertight tank normally	
	n.	used for such purposes? Yes No. If no	, provide description and specification on the vehicle used to	
		transport the sewage sludge to the receiving faci	lity.	
		Show the haul route(s) on a location map or brie	fly describe the haul route below and indicate the days of the	

FACILITY NAME: Tample Treatment Mann week and the times of the day sewage sludge will be transported.

VPDES PERMIT NUMBER: <u>VA 0067493</u>

(Complete Question 7.a if swage sludge from your facility is applied to the land, unless the sewage sludge is covered in Questions 4, 5 or 6; complete Question 7.b, c & d only if you are responsible for land application sites:dry metric tons per 365-day period of sewage sludge applied to all land application sites:dry metric tons b. Do you identify all land application sites in Section C of this application?YesNo			plication of Bulk Sewage Sludge.		
Complete Question 7.a if sewage sludge from your facility is applied to the land, unless the sewage sludge is covered in Questions 4,5 or 6; complete Question 7.b. & d only if you are responsible for land application sites:dry metric tons b.	7.	Land Ap	plication of Bulk Sewage Sludge.		
a. Total dry metric tons per 365-day period of sewage sludge application sites:dry metric tons b. Do you identify all land application sites in Section C of this application?YesNo		(Complete Question 7.a if sewage sludge from your facility is applied to the land, unless the sewage sludge is covered in			
b. Do you identify all land application sites in Section C of this application? _Yes _No If no, submit a copy of the Land Application Plan (LAP) with this application (LAP should be prepared in accordance with the instructions). c. Are any land application sites located in States other than Virginia? _Yes _No If yes, describe, on this form or on another sheet of paper, how you notify the permitting authority for the States where the land application sites are located. Provide a copy of the notification. d. Attach a copy of any information you provide to the owner or lease holder of the land application sites to comply with the "notice and necessary" information requirement of 9 VAC 25-31-530 F and/or H (Examples may be obtained in Appendix IV). 8. Surface Disposal. (Complete Question 8 if sewage studge from your facility is placed on a surface disposal site.) a. Total dry metric tons per 365-day period of sewage studge from your facility placed on all surface disposal sites:		Question	s 4, 5 or 6; complete Question 7.b, c & d only if you are responsible for land application of sewage sludge.)		
 b. Do you identify all land application sites in Section C of this application? _Yes _No If no, submit a copy of the Land Application Plan (LAP) with this application (LAP should be prepared in accordance with the instructions). c. Are any land application sites located in States other than Virginia? _Yes _No If yes, describe, on this form or on another sheet of paper, how you notify the permitting authority for the States where the land application sites are located. Provide a copy of the notification. d. Attach a copy of any information you provide to the owner or lease holder of the land application sites to comply with the "notice and necessary" information requirement of 9 VAC 25-31-530 F and/or H (Examples may be obtained in Appendix IV). 8. Surface Disposal. (Complete Question 8 if sewage sludge from your facility is placed on a surface disposal site.) (Complete Question 8 if sewage sludge from your facility is placed on a surface disposal site.) a. Total dry metric tons per 365-day period of sewage sludge from your facility placed on all surface disposal sites: dry metric tons b. Do you own or operate all surface disposal sites to which you send sewage sludge for disposal? Yes No		a.	•		
If no, submit a copy of the Land Application Plan (LAP) with this application (LAP should be prepared in accordance with the instructions). c. Are any land application sites located in States other than Virginia?YesNo		h			
accordance with the instructions). c. Are any land application sites located in States other than Virginia?YesNo If yes, describe, on this form or on another sheet of paper, how you notify the permitting authority for the States where the land application sites are located. Provide a copy of the notification. d. Attach a copy of any information you pro vide to the owner or lease holder of the land application sites to comply with the "notice and necessary" information requirement of 9 VAC 25-31-530 F and/or H (Examples may be obtained in Appendix IV). 8. Surface Disposal. (Complete Question 8 if sewage sludge from your facility is placed on a surface disposal site.) (Complete Question 8 if sewage sludge from your facility is placed on a surface disposal site.) (Complete Question 8 if sewage sludge from your facility placed on all surface disposal sites:		υ.	If no submit a copy of the Land Application Plan (LAP) with this application (LAP should be prepared in		
c. Are any land application sites located in States other than Virginia?YesNo			accordance with the instructions).		
If yes, describe, on this form or on another sheet of paper, how you notify the permitting authority for the States where the land application sites are located. Provide a copy of the notification. d. Attach a copy of any information you provide to the owner or lease holder of the land application sites to comply with the "notice and necessary" information requirement of 9 VAC 25-31-530 F and/or H (Examples may be obtained in Appendix IV). 8. Surface Disposal. (Complete Question 8 if sewage sludge from your facility is placed on a surface disposal site.) (Complete Question 8 if sewage sludge from your facility is placed on a surface disposal site.) (Complete Question 8 if sewage sludge from your facility placed on all surface disposal sites: dry metric tons b. Do you own or operate all surface disposal sites to which you send sewage sludge for disposal? YesNo If no, answer questions c - g for each surface disposal site that you do not own or operate. If you send sewage sludge to more than one surface disposal site, attach additional pages as necessary. c. Site name or number: d. Contact person: Title: Phone: () Contact is: Site Owner Site operator e. Mailing address. Street or P.O. Box: City or Town: State: Zip: f. Total dry metric tons per 365-day period of sewage sludge from your facility placed on this surface disposal site: dry metric tons g. List, on this form or an attachment, the surface disposal site VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the sewage sludge use or disposal practices at the surface disposal site: Permit Number: Type of Permit: SIVEA		c.	Are any land application sites located in States other than Virginia?YesNo		
d. Attach a copy of any information you provide to the owner or lease holder of the land application sites to comply with the "notice and necessary" information requirement of 9 VAC 25-31-530 F and/or H (Examples may be obtained in Appendix IV). 8. Surface Disposal. (Complete Question 8 if sewage sludge from your facility is placed on a surface disposal site.) a. Total dry metric tons per 365-day period of sewage sludge from your facility placed on all surface disposal sites:			If yes, describe, on this form or on another sheet of paper, how you notify the permitting authority for the		
comply with the "notice and necessary" information requirement of 9 VAC 25-31-530 F and/or H (Examples may be obtained in Appendix IV). 8. Surface Disposal. (Complete Question 8 if sewage sludge from your facility is placed on a surface disposal site.) a. Total dry metric tons per 365-day period of sewage sludge from your facility placed on all surface disposal sites: dry metric tons b. Do you own or operate all surface disposal sites to which you send sewage sludge for disposal? YesNo If no, answer questions c - g for each surface disposal site that you do not own or operate. If you send sewage sludge to more than one surface disposal site, attach additional pages as necessary. c. Site name or number: d. Contact person: Title: Phone: () Contact is: Site Owner Site operator e. Mailing address. Street or P.O. Box: City or Town: State: Zip: f. Total dry metric tons per 365-day period of sewage sludge from your facility placed on this surface disposal site: dry metric tons g. List, on this form or an attachment, the surface disposal site VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the sewage sludge use or disposal practices at the surface disposal site: Permit Number: Type of Permit: Sluck 9. Incineration.			States where the land application sites are located. Provide a copy of the notification.		
comply with the "notice and necessary" information requirement of 9 VAC 25-31-530 F and/or H (Examples may be obtained in Appendix IV). 8. Surface Disposal. (Complete Question 8 if sewage sludge from your facility is placed on a surface disposal site.) a. Total dry metric tons per 365-day period of sewage sludge from your facility placed on all surface disposal sites: dry metric tons b. Do you own or operate all surface disposal sites to which you send sewage sludge for disposal? YesNo If no, answer questions c - g for each surface disposal site that you do not own or operate. If you send sewage sludge to more than one surface disposal site, attach additional pages as necessary. c. Site name or number: d. Contact person: Title: Phone: () Contact is: Site Owner Site operator e. Mailing address. Street or P.O. Box: City or Town: State: Zip: f. Total dry metric tons per 365-day period of sewage sludge from your facility placed on this surface disposal site: dry metric tons g. List, on this form or an attachment, the surface disposal site VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the sewage sludge use or disposal practices at the surface disposal site: Permit Number: Type of Permit: Sluck 9. Incineration.					
8. Surface Disposal. (Complete Question 8 if sewage sludge from your facility is placed on a surface disposal site.) a. Total dry metric tons per 365-day period of sewage sludge from your facility placed on all surface disposal sites: dry metric tons b. Do you own or operate all surface disposal sites to which you send sewage sludge for disposal? YesNo		d.	Attach a copy of any information you provide to the owner or lease holder of the land application sites to		
8. Surface Disposal. (Complete Question 8 if sewage studge from your facility is placed on a surface disposal site.) a. Total dry metric tons per 365-day period of sewage sludge from your facility placed on all surface disposal sites:dry metric tons b. Do you own or operate all surface disposal sites to which you send sewage sludge for disposal? YesNo					
(Complete Question 8 if sewage sludge from your facility is placed on a surface disposal site.) a. Total dry metric tons per 365-day period of sewage sludge from your facility placed on all surface disposal sites:			may be obtained in Appendix IV).		
(Complete Question 8 if sewage sludge from your facility is placed on a surface disposal site.) a. Total dry metric tons per 365-day period of sewage sludge from your facility placed on all surface disposal sites:	Q	Surface	Disposal / /A		
a. Total dry metric tons per 365-day period of sewage sludge from your facility placed on all surface disposal sites:	ο.	(Comple	te Question 8 if sewage sludge from your facility is placed on a surface disposal site.)		
b. Do you own or operate all surface disposal sites to which you send sewage sludge for disposal? YesNo If no, answer questions c - g for each surface disposal site that you do not own or operate. If you send sewage sludge to more than one surface disposal site, attach additional pages as necessary. c. Site name or number: d. Contact person: Title: Phone: () Contact is:Site OwnerSite operator e. Mailing address. Street or P.O. Box: City or Town: State: Zip: f. Total dry metric tons per 365-day period of sewage sludge from your facility placed on this surface disposal site: g. List, on this form or an attachment, the surface disposal site VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the sewage sludge use or disposal practices at the surface disposal site: Permit Number: Type of Permit: Sludd 9. Incineration Our Sluddy press, i + WUL be interested. 1. Total dry metric tons per 365-day period of sewage sludge from your facility fired in a sewage sludge incinerator.) a. Total dry metric tons per 365-day period of sewage sludge from your facility fired in a sewage sludge incinerator: dry metric tons b. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired? Yes No If no, answer questions c - g for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one sewage sludge incinerator, attach additional pages as necessary.			Total dry metric tons per 365-day period of sewage sludge from your facility placed on all surface disposal		
Yes No If no, answer questions c - g for each surface disposal site that you do not own or operate. If you send sewage sludge to more than one surface disposal site, attach additional pages as necessary. c. Site name or number: d. Contact person: Title: Phone: () Contact serson: Site Owner Site operator e. Mailing address. Street or P.O. Box: City or Town: State:			sites: dry metric tons		
If no, answer questions c - g for each surface disposal site that you do not own or operate. If you send sewage sludge to more than one surface disposal site, attach additional pages as necessary. c. Site name or number: d. Contact person: Title: Phone: () Contact is:Site OwnerSite operator e. Mailing address. Street or P.O. Box: City or Town: State: Zip: f. Total dry metric tons per 365-day period of sewage sludge from your facility placed on this surface disposal site: dry metric tons g. List, on this form or an attachment, the surface disposal site VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the sewage sludge use or disposal practices at the surface disposal site: Permit Number: Type of Permit: SIVEL 9. Incineration.		b.			
sewage sludge to more than one surface disposal site, attach additional pages as necessary. c. Site name or number: d. Contact person: Title: Phone: () Contact is:Site OwnerSite operator e. Mailing address. Street or P.O. Box: City or Town:State:Zip: f. Total dry metric tons per 365-day period of sewage sludge from your facility placed on this surface disposal site:dry metric tons g. List, on this form or an attachment, the surface disposal site VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the sewage sludge use or disposal practices at the surface disposal site: Permit Number:			YesNo		
c. Site name or number: d. Contact person: Title: Phone: () Contact is: _Site Owner _Site operator e. Mailing address. Street or P.O. Box: City or Town: State: Zip: f. Total dry metric tons per 365-day period of sewage sludge from your facility placed on this surface disposal site: dry metric tons g. List, on this form or an attachment, the surface disposal site VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the sewage sludge use or disposal practices at the surface disposal site: Permit Number:			If no, answer questions c - g for each surface disposal site that you do not own or operate. If you send		
d. Contact person: Title: Phone: () Contact is:Site OwnerSite operator e. Mailing address. Street or P.O. Box: City or Town: Zip: f. Total dry metric tons per 365-day period of sewage sludge from your facility placed on this surface disposal site: dry metric tons g. List, on this form or an attachment, the surface disposal site VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the sewage sludge use or disposal practices at the surface disposal site: Permit Number:					
Title: Phone: () Contact is:Site OwnerSite operator e. Mailing address. Street or P.O. Box: City or Town: State: Zip: f. Total dry metric tons per 365-day period of sewage sludge from your facility placed on this surface disposal site: dry metric tons g. List, on this form or an attachment, the surface disposal site VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the sewage sludge use or disposal practices at the surface disposal site: Permit Number:					
Phone: () Contact is:Site OwnerSite operator e. Mailing address. Street or P.O. Box: City or Town:State:Zip: f. Total dry metric tons per 365-day period of sewage sludge from your facility placed on this surface disposal site:dry metric tons g. List, on this form or an attachment, the surface disposal site VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the sewage sludge use or disposal practices at the surface disposal site: Permit Number:		u.			
Contact is: _Site Owner _Site operator e. Mailing address. Street or P.O. Box: City or Town: State: Zip: f. Total dry metric tons per 365-day period of sewage sludge from your facility placed on this surface disposal site: dry metric tons g. List, on this form or an attachment, the surface disposal site VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the sewage sludge use or disposal practices at the surface disposal site: Permit Number: Type of Permit: SIVER					
Street or P.O. Box: City or Town: State: Zip: f. Total dry metric tons per 365-day period of sewage sludge from your facility placed on this surface disposal site: dry metric tons g. List, on this form or an attachment, the surface disposal site VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the sewage sludge use or disposal practices at the surface disposal site: Permit Number: Type of Permit: SIVEL 9. Incineration. (Complete Question 9 if sewage sludge from your facility is fired in a sewage sludge incinerator.) a. Total dry metric tons per 365-day period of sewage sludge from your facility fired in a sewage sludge incinerator: dry metric tons b. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired? YesNo If no, answer questions c - g for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one sewage sludge incinerator, attach additional pages as necessary.			Contact is:Site OwnerSite operator		
City or Town: State: Zip: f. Total dry metric tons per 365-day period of sewage sludge from your facility placed on this surface disposal site: dry metric tons g. List, on this form or an attachment, the surface disposal site VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the sewage sludge use or disposal practices at the surface disposal site: Permit Number: Type of Permit: SIVEA		e.			
f. Total dry metric tons per 365-day period of sewage sludge from your facility placed on this surface disposal site:			Street or P.O. Box:		
g. List, on this form or an attachment, the surface disposal site VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the sewage sludge use or disposal practices at the surface disposal site: Permit Number: Type of Permit: SIVEA 9. Incineration. We we at our sludge pressure in a sewage sludge incinerator.) a. Total dry metric tons per 365-day period of sewage sludge from your facility fired in a sewage sludge incinerator: dry metric tons b. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired? YesNo If no, answer questions c - g for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one sewage sludge incinerator, attach additional pages as necessary.		c	City or Town: State: Zip:		
g. List, on this form or an attachment, the surface disposal site VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the sewage sludge use or disposal practices at the surface disposal site: Permit Number: Type of Permit: SIVEL 9. Incineration. (Complete Question 9 if sewage sludge from your facility is fired in a sewage sludge incinerator.) a. Total dry metric tons per 365-day period of sewage sludge from your facility fired in a sewage sludge incinerator: b. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired? YesNo If no, answer questions c - g for each sewage sludge incinerator, attach additional pages as necessary.		. I	site: dry metric tons		
all other federal, state or local permits that regulate the sewage sludge use or disposal practices at the surface disposal site: Permit Number: Type of Permit: SIVEL 9. Incineration. We we at our sludge press, it will be incinerator.) (Complete Question 9 if sewage sludge from your facility is fired in a sewage sludge incinerator.) a. Total dry metric tons per 365-day period of sewage sludge from your facility fired in a sewage sludge incinerator: dry metric tons b. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired? YesNo If no, answer questions c - g for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one sewage sludge incinerator, attach additional pages as necessary.		g.	List, on this form or an attachment, the surface disposal site VPDES permit number as well as the numbers of		
9. Incineration. (Note we and our study press it will be incinerated) (Complete Question 9 if sewage studge from your facility is fired in a sewage studge incinerator.) a. Total dry metric tons per 365-day period of sewage studge from your facility fired in a sewage studge incinerator: b. Do you own or operate all sewage studge incinerators in which sewage studge from your facility is fired? YesNo If no, answer questions c - g for each sewage studge incinerator that you do not own or operate. If you send sewage studge to more than one sewage studge incinerator, attach additional pages as necessary.		0	all other federal, state or local permits that regulate the sewage sludge use or disposal practices at the surface		
9. Incineration. (Multiple of the control of the co					
 Incineration. (Multiple of the content of					
 a. Total dry metric tons per 365-day period of sewage sludge from your facility fired in a sewage sludge incinerator: dry metric tons b. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired? No If no, answer questions c - g for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one sewage sludge incinerator, attach additional pages as necessary. 			Sluck		
 a. Total dry metric tons per 365-day period of sewage sludge from your facility fired in a sewage sludge incinerator: dry metric tons b. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired? No If no, answer questions c - g for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one sewage sludge incinerator, attach additional pages as necessary. 			Come and anschipmented it will be inconsisted		
 a. Total dry metric tons per 365-day period of sewage sludge from your facility fired in a sewage sludge incinerator: dry metric tons b. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired? No If no, answer questions c - g for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one sewage sludge incinerator, attach additional pages as necessary. 	9.	Incinera	ition. Will we was over 3100 kpr casi.		
b. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired? YesNo If no, answer questions c - g for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one sewage sludge incinerator, attach additional pages as necessary.		(Comp.	ete Question 9 if sewage sludge from your tacility is tired in a sewage studge incinerator.)		
b. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired? YesNo If no, answer questions c - g for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one sewage sludge incinerator, attach additional pages as necessary.		a.	Total dry metric tons per 303-day period of sewage studge from your facility med in a sewage studge		
YesNo If no, answer questions c - g for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one sewage sludge incinerator, attach additional pages as necessary.		h	Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired?		
sewage sludge to more than one sewage sludge incinerator, attach additional pages as necessary.		٥.	Yes No		
Indiporator name or number:			If no, answer questions c - g for each sewage sludge incinerator that you do not own or operate. If you send		
c Incinerator name or number:					
Drive the		c.	Incinerator name or number:		
d. Contact person Christian		d.	Contact person: () NY \ Y \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Title: Plant marual			Phone: 407 001-303		
Phone: 757 891-3503 Contact is:Incinerator OwnerIncinerator Operator			Contact is: Incinerator Owner Incinerator Operator		
		e.	0.0		
e. Mailing address. P.D. Box 349 Street or P.O. Box: Tangier, VA 33140			Street or P.O. Box: Tanging, VA 23140		

FACII	LITY NAN	ME: Tancker Treatment Plant City or Town: State: Zip: Total dru matric tons per 365 day period of sewage sludge from your facility fired in this sewage sludge
		City or Town: State: Zip:
	f.	Total try metric tons per 303-day period of sewage studge from your facility med in this 30 mag and 30
	g.	incinerator: dry metric tons List on this form or an attachment the numbers of all other federal, state or local permits that regulate the firing
	8.	of sewage sludge at this incinerator:
		Permit Number: Type of Permit:
		11.4
10.	Disno	sal in a Municipal Solid Waste Landfill. W/A
10.	(Comr	olete Question 10 if sewage sludge from your facility is placed on a municipal solid waste landfill. Provide the
	follow	ing information for each municipal solid waste landfill on which sewage sludge from your facility is placed. If
	sewag	e sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.)
	a.	Landfill name:
	b.	Contact person:
	•	Title:
		Phone: ()
		Contact is:Landfill OwnerLandfill Operator
	c.	Mailing address.
	•	Street or P.O. Box:
		City or Town: State: Zip:
	d.	Landfill location.
		Street or Route #:
		County:
		City or Town: State: Zip:
	e.	Total dry metric tons per 365-day period of sewage sludge placed in this municipal solid waste landfill:
		dry metric tons
	f.	List, on this form or an attachment, the numbers of all federal, state or local permits that regulate the operation
		of this municipal solid waste landfill:
		Permit Number: Type of Permit:
	g.	Does sewage sludge meet applicable requirements in the Virginia Solid Waste Management Regulation, 9
	•	VAC 20-80-10 et seq., concerning the quality of materials disposed in a municipal solid waste landfill?
		Yes No
	h.	Does the municipal solid waste landfill comply with all applicable criteria set forth in the Virginia Solid Waste
		Management Regulation, 9 VAC 20-80-10 et seq.?YesNo
	i.	Will the vehicle bed or other container used to transport sewage sludge to the municipal solid waste landfill
		be watertight and covered? Yes No
		Show the haul route(s) on a location map or briefly describe the route below and indicate the days of the week
		and time of the day sewage sludge will be transported.